## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/597099

| CLAIMS AS FILED - PART I   |  |  |  |                          |                              |                                    |         | SMALL ENTITY        |                        |    | OTHER THAN                 |                        |  |
|--|--|--|--|--------------------------|------------------------------|------------------------------------|---------|---------------------|------------------------|----|----------------------------|------------------------|--|
| _  |  |  | (Column  | 1)                       | (C                           | Column 2)                          | 1       | TYPE                |                        | OR | SMALL E                    | NTITY                  |  |
| U.S.   | NATIONAL S                                     | TAGE FEES  |  |                          |                              |                                    |         | RATE                | FEE                    |    | RATE                       | FEE                    |  |
| BASI   | C FEE  |  | SMALL ENT. = \$ 150  |                          | LARG                         | E ENT. = \$ 300                    | E       | BASIC FEE           |                        | OR | BASIC FEE                  | 300                    |  |
| EXA  | MINATION FEE                                   | <u> </u>   | Satisfies PCT Article 33(1)-<br>(4) = \$ 50 / \$ 100                 |                          | ł                            | er situations =<br>100 / \$ 200    | E       | XAM. FEE            |                        |    | EXAM. FEE                  | 200                    |  |
| SEAF   | RCH FEE  |  | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                          |                              | her situations =<br>250 / \$ 500   | 9       | SEARCH FEE          |                        |    | SEARCH FEE                 | 400                    |  |
| FEE  | FOR EXTRA S                                    | PEC. PGS.  | minus 100 =  |                          |                              | / 50 =                             |         | X \$ 125 =          | _                      |    | X \$ 250 =                 |                        |  |
| TOTA   | AL CHARGEAE                                    | ILE CLAIMS   | /3 minus 20 =  |                          | . —                          |                                    |         | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |  |
| INDE   | PENDENT CL                                     | AIMS   | minus 3 =  |                          | . —                          |                                    |         | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |  |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PR  | ESENT  |                          |                              |                                    |         | + \$ 180 =          |                        | OR | + \$ 360 =                 | d                      |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |  |  |                          |                              |                                    | _       | TOTAL               |                        | OR | TOTAL                      | <b>K</b> (1)()         |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)            |  |  |  |                          |                              |                                    |         | SMALL ENTITY        |                        | OR | OTHER THAN<br>SMALL ENTITY |                        |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |  | NUM<br>PREVI             | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                   |         | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE .                     | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *  | Minus  | **                       |                              | =                                  |         | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |  |
|  | Independent                                    | *  | Minus  | ***                      |                              | =                                  |         | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |  |
| `  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |                          |                              |                                    |         | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |  |
|  | <u> </u>                                       |  |  | <del></del>              |                              |                                    |         | TOTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE        |                        |  |
| (Column 1) (Column 2) (Column 3)   |  |  |  |                          |                              |                                    |         |                     |                        |    |                            |                        |  |
| ENT 8  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |  | NUM<br>PREVI             | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                   |         | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
| AMENDME  | Total  | *  | Minus  | **                       |                              | =                                  |         | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |  |
|  | Independent                                    | *  | Minus  | ***                      |                              | =                                  |         | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |  |
| _  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |                          |                              |                                    |         | + \$ 180 =          |                        | OR | + \$ 360 =                 | <u>.</u>               |  |
|  |  |  |  |                          |                              |                                    | •       | TOTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE        |                        |  |
| * **   | If the "Highest N<br>If the "Highest N         | umn 1 is less than th<br>umber Previously Pa<br>umber Previously Pa<br>mber Previously Pai | aid For" IN THIS SI<br>aid For" IN THIS SI                           | PACE is le<br>PACE is le | ss than '2<br>ss than '3     | :0', enter "20".<br>i', enter "3". | d in th | e appropriate bo    | x in column 1          |    |                            |                        |  |